and he says that the operation required somewhat less time than his previous ones.

After opening the abdomen and drawing from the cyst, with Wells's ovarian trochar, nearly fifty pints of clear, limpid serum, he made a small slit through the peritoneal coat near the pedicle, and with the handle of my scalpel separated the two coats from each other to a small extent, until I could grasp them in either hand, and at once completed the separation by pulling them apart, and thus removed the entire sac proper as belonging to the tumour; while that portion composed of peritoneum was laid back upon the abdomen, that I might examine it, and wait a little for hemorrhage to start, if at all. The effects of the atmosphere, though at a high temperature, soon contracted and corrugated the peritoneum to less than half its size, when I separated the cyst from it. On examination of the inner surface of the peritoneum, I found the vessels spread out upon it in a complete network, like that of an inflamed conjunctiva largely magnified; but there was no hemorrhage, except one small artery where I divided the peritoneal coat; and here a small clot had formed, and I thought best to put on a ligature, as I did also on one upon the omentum, leaving the ends out at the lower angle of the incision, to keep it open for the discharge of any matter that might be deposited in the cavity.

After waiting more than an hour to allow the force of the heart to return, the sac was covered by a warm napkin before returning it into the abdomen. But finding no bleeding, I then placed it back into the cavity of the abdomen, and closed the wound by three sutures, one of which I passed through the edge of the peritoneum where I made the slit, to secure that point to the opening, in case any clot should form and require suppuration to remove it. Over this, adhesive straps and a compress of cotton, to fill the vacuum of the abdomen, were placed upon her, secured by a straight bandage. The patient made a speedy recovery.

Dr. B. remarks, somewhat singularly, that he *believes* "Dr. Miner, of Buffalo, was the first to recommend this mode of treating the pedicle," and adds that "much credit is due to him for what seems to me a very great improvement over all others."

Recent Cholera Epidemic in New Orleans.—Prof. Jos. Jones, in a letter to the editors of the *Boston Med. and Surg. Journ.* (July 31, 1873), states that this epidemic "which commenced in the early part of February and disappeared in the latter part of June, was less severe than in the two previous visitations of this pestilence in New Orleans. Although the fatal cases were marked by the prominent symptoms of Asiatic cholera, and presented, upon post-mortem examination, its characteristic lesions, the vast proportion of the cases, 'when taken in time,' yielded readily to treatment, and the mortality has been comparatively small. Thus, during the months of February, March, April, May, and June, 117 whites and 116 blacks (total, 233) died from what was registered in the official mortuary reports as cholera sporadica; and cholera morbus and cholera infantum destroyed 62 whites and 22 coloured; diarrhœa and dysentery, 109 whites and 48 coloured; total deaths from all intestinal diseases during the past six months, white 366, coloured 234 (total, 600).

"This is comparatively small mortality from cholera in a population of 200,000; and as the whites constitute about three-fourths, and the coloured people only one-fourth, it is evident that cholera, as well as other intestinal diseases, has been much more fatal amongst the coloured population. This difference appears to be due in a large measure to the fact, that as a general rule, the coloured people occupy the more unhealthy and crowded portions of the city, and are less careful in their habits and diet.

"The sudden subsidence of the cholera, is not to be referred to the sanitary condition of the city, which could not, perhaps, be much worse at this season of the year; nor to the universal employment of any special means of disinfection. Numbers of cases have occurred in localities where no disinfection was practised, and it is probable that only the severe and fatal cases have been reported to the local sanitary officers. The peculiarly mild character of the recent epidemic, may be due to certain unknown conditions of the atmos-

phere and soil, and to the heavy rain-fall, almost twenty-two inches of water having fallen during the past six months."

Child's Head Impaled on a Pitchfork.—Dr. W. M. GOODLOVE reports (*Clinic*, September 6, 1873) a case of this which is interesting as affording another example of the many already recorded of the deceptive nature of the early symptoms in injuries of the brain.

A child, thirteen months old, in the arms of her sister, was near the side of a stack of grain, when a pitchfork was let slide down the stack with the tines forward, one of which entering the child's head at the junction formed by the right parietal and frontal bones, passing obliquely downward, penetrating the right hemisphere of the brain, and emerging beneath the malar bone about half an inch in front of the ear. The little girl (still holding the child) withdrew the fork before the father could get to her assistance.

When seen by Dr. G., thirty minutes afterwards, the child was *nursing at the breast*. After the fork was withdrawn the child cried. It caused no shock.

The next day, July 23d, Dr. G. found the child sitting in the mother's lap laughing, showing no signs of pain; bowels were moved twice through the night; temperature was normal; voluntary motion was good; the pulse was good. It had rested well all night, except during paroxysms of coughing. Here I learned that the child had had a severe whooping-cough, and when it coughed a slight hemorrhage ensued from the orifice of the wound, but not of much moment.

24th. Patient resting well; cough not troubling it so much; pulse accelerated; pupils contracted; no nervous excitement yet developed. The child does not nurse so often. Its head has been kept elevated and the wound discharges more freely.

25th, 7 A. M. Patient has taken more nourishment to-day. It is marvellously better than yesterday. The pulse is somewhat stronger, though oppressed. Ice applications still continued. 8 P. M. Wound inclined to heal below; cough better, bowels not moved. It will not nurse. 10.30 P. M. Patient very restless, with quick pulse; disturbed sleep; anorexia; sub-sultus tendinum; face flushed; pupils contracted; wound inclined to heal.

26th, 7 A. M. Tetanic symptoms decidedly present. Inflammatory and arterial action abated. Total paralysis of the right eye and left extremities; contraction of pupils and some squinting of the left eye.

27th, 9 A. M. Convulsion alternate with coma.

28th, 2.30 A. M. Patient has rigors at times and is comatose at times. Death in convulsions.

We have omitted the account of the treatment.

Gunshot Wound of Stomach and Kidney; Recovery.—Dr. BROOKS reports (*Chicago Med. Journ.*, Sept. 1872) the case of a man, æt. 30, who accidentally shot himself at 11 A. M., Dec. 31, 1871, in the epigastrium, the ball, a half ounce one, taking a downward, backward, and slightly lateral direction. When seen by Dr. B., five minutes afterwards, there was great nervous shock, cold, clammy skin, great prostration, constant nausea, pain in the stomach, restlessness, respiration feeble, and some thirst. Surface wound about two inches to the left of the centre of the sternum, having cut the size of the ball from the lower edge of the cartilages of the false ribs. Directed him to be removed to an upper room and laid recumbent, head low, a cloth wrung from hot water to be placed over the wound and to be kept constantly applied, small pieces of ice (as large as a small filbert) placed in his mouth. An opiate was also given a few hours afterwards. At 8.15 P. M. vomited between one and two pints of coagulated blood; at 9.10 P. M. passed about three pints bloody urine, resembling the blood that flows from the veins of an individual killed by lightning; a fourth drachm was now given. At 10.20 P. M. reaction commenced feebly; from 11 P. M. to 3 A. M. slept quietly, and on awaking vomited a large quantity of blood, which was the last blood vomited; at 4 A. M. passed an ordinary urinal half full of fluid, mostly blood; from this time he urinated about once in six hours, blood always passing till the fifth day, when the urine was of a natural colour and quality.